

Cambridge Local Health Partnership Workshop

When: **22 November 2012**
Venue: **Committee Room 1, The Guildhall**
Time: **6 pm to 8 pm**

Introduction

Cambridge Local Health Partnership has recently been established to improve joint working between local stakeholders and to coordinate local actions that will contribute towards the Cambridgeshire's Health and Wellbeing Strategy. This workshop will look at a number of anonymous case studies that illustrate some of the health and social problems presented to GPs that have a housing dimension.

The aims of the Workshop

The aim of the case studies will be to prompt discussion about pathways that will promote closer working between service providers, improve transparency and information flows, and, hopefully, lead to better outcomes for the people presenting.

Our Agenda

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| 1. Welcome and Introductions | 6.00 pm |
| 2. Structure and aims of the Workshop | 6.10 pm |
| 3. Our present channels of communication | 6.20 pm |
| 4. Reviewing the case studies in groups | 6.45 pm |
| 5. Sharing our learning points from the case studies | 7.30 pm |
| 6. Agreeing what should happen next? | 7.45 pm |

The Case Studies

Case Study 1

A man, in his early 40's, is living alone in a two-bedroom rented house in the North of the City. Two children, 13 and 2 years of age, from a previous relationship, come and stay with him on a fairly regular basis. He has received a

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kidney transplant, is diabetic (requiring insulin) and has depression. In addition his eyesight is deteriorating. He recently lost his job.

He feels compelled to move to a one-bedroom flat in a different area to try and regain some control over his life because the flat has some adaptations fitted. He thinks, however, that the size of the flat will deter his children from coming to stay with him and is now having second thoughts. It is making him anxious. Cam Sight, a local charity supporting people with sight loss, is helping him to learn to live with this sight loss and to maintain his independence. New surroundings may make this much more difficult.

The GP sent a letter to a named housing officer saying that it is better for this person to stay where he is because the proposed move is affecting his mental health and his ability to cope. The GP did not receive a reply and feels that she has not been able to exert any influence to improve the person's situation.

The GP would like to know how we could better communicate with each other so that this person's independence can be maintained.

Case Study 2

A 70 year-old man, who speaks very little English, recently moved into a one-bedroom flat. He has two grown-up children who can't offer him a lot of support because of their busy lives. He has a number of medical conditions, including diabetes and heart disease, which has been prescribed for by the GP, but his use of the treatment is uncertain. His flat is in a state, with bags of medication littering the floor.

The GP has been using the rapid assessment for older patient's service offered by Addenbrokes, to keep this medical patient living in the community. When the GP has contact with the patient, Language Line is used. The patient, however, has lost contact with other people from the same cultural background since his move and feels isolated. He has previously fallen in his own home and lay undetected for a number of hours.

The GP would like to know how this person could be re-integrated into a supportive community, so that he can gain access to local networks and facilities.

Case Study 3

A 22 year-old man had a difficult upbringing, with spells in Foster Homes, Hostels and offender institutions. He now has anger-management and substance misuse issues and was recently thrown out of the home he shared with a partner after incidents of domestic violence. He has been prevented from returning to the property. It was a joint tenancy. Neighbours also complained about his anti-social behaviour, when he was living there. He has two young children with the partner.

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The man is presently homeless and occasionally sleeps rough when friends can't put him up.

The GP would like to know if this person is categorised as homeless, because of his actions, and whether he can access homelessness services.

Case Study 4

A 26 year-old woman had moved between foster families until she was 14 years of age, when she was adopted. She has a hearing impairment, depression, a history of substance misuse and Hepatitis C.

She lives in a two-bedroom house with a boyfriend who comes and goes. He seems to be supplying her with drugs. The boyfriend also takes most of her money and she has very little left to buy food with. On one occasion the boyfriend threw scalding water over her when she refused to hand over any money. The woman does not work and is claiming benefits.

The woman also keeps Python snakes in her home. Recently somebody she knew stole them. She had to pay to get them back. She is getting some help to beat her addiction from Addaction but has difficulty in trusting and building relationships with people that are trying to help her, especially her keyworker.

The GP would like to know how the woman can be protected from her boyfriend and be better supported in leading an independent life.